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Bib Data Sheet

SERIAL NUMBER 09/640,713	FILING DATE 08/18/2000 RULE -	CLASS 250	GROUP ART UNIT 2878	ATTORNEY DOCKET NO. 000687.00129		
APPLICANTS Ruola Ning, Penfield, NY ;						
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/166,223 11/18/1999						
** FOREIGN APPLICATIONS *****						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/06/2000						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 80	INDEPENDENT CLAIMS 4
ADDRESS Blank Rome Comisky & McCauley LLP The Farragut Building 900 17th Street N W Suite 1000 Washington ,DC 20006						
TITLE Apparatus and method for cone beam volume computed tomography mammography <i>Breast Imaging</i>						
FILING FEE RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			



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CONFIRMATION NO. 6469

SERIAL NUMBER 09/640,713	FILING DATE 08/18/2000 RULE	CLASS 378	GROUP ART UNIT 2882	ATTORNEY DOCKET NO. 000687.00129
APPLICANTS Ruola Ning, Penfield, NY; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/166,223 11/18/1999 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/06/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 80	INDEPENDENT CLAIMS 4
ADDRESS 27557				
TITLE APPARATUS AND METHOD FOR CONE BEAM VOLUME COMPUTED TOMOGRAPHY MAMMOGRAPHY				
FILING FEE RECEIVED 1664	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	